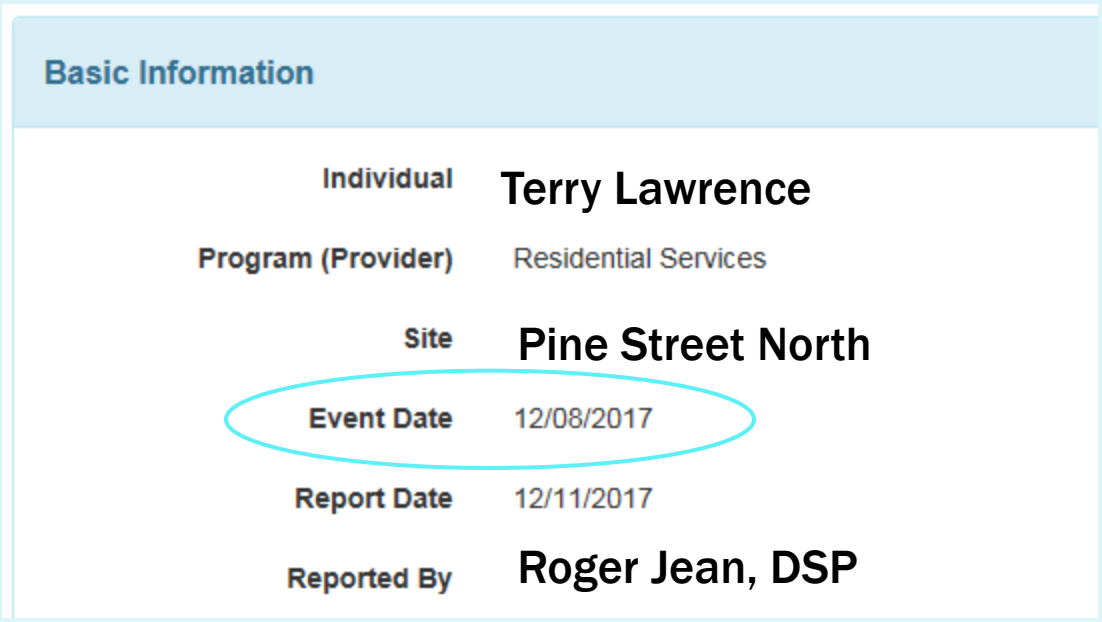
SOUTH DAKOTA GER CRITICAL INCIDENT REPORTING GUIDE

CRITICAL INCIDENT REPORTS

- Administrative Rule 46:11:03:02
- The provider shall give verbal notice of any critical incident involving a participant to the division no later than the end of the division's next working day from the time the provider becomes aware of the incident.
- The provider shall submit a written critical incident report (CIR) utilizing the division's online reporting system with **seven calendar days** after the initial notice is made.

CRITICAL INCIDENT REPORTS

How this is assessed:



Basic Information

Individual	Terry Lawrence
Program (Provider)	Residential Services
Site	Pine Street North
Event Date	12/08/2017
Report Date	12/11/2017
Reported By	Roger Jean, DSP

- **Event Date** is the date incident occurred.
- DDD Notification MUST be filled out. This captures the **Verbal date** and is confirmed with DDD records which are taken when calls come in.
- **Approved date serves as Written date** (due 7 calendar days from verbal).

CRITICAL INCIDENT REPORTS

Person/Entity	Name of Person Notified	Date of Notification	Notified By	Method of Notification
Family/Guardian	Joe Albert	12/08/2017 05:30 pm	Lisa Grace, DSP	Phone
Supervisor	Roy Bruce	12/08/2017 05:30 pm	Lisa Grace, DSP	Phone
DDD	Ashley Schlichenmayer-Okroi	12/11/2017 10:55 am	Roy Bruce, Lead Staff	Phone
Case Manager	Jesse Olivia	12/11/2017 11:00 am	Roy Bruce, Lead Staff	Phone

Review/Followup Comments

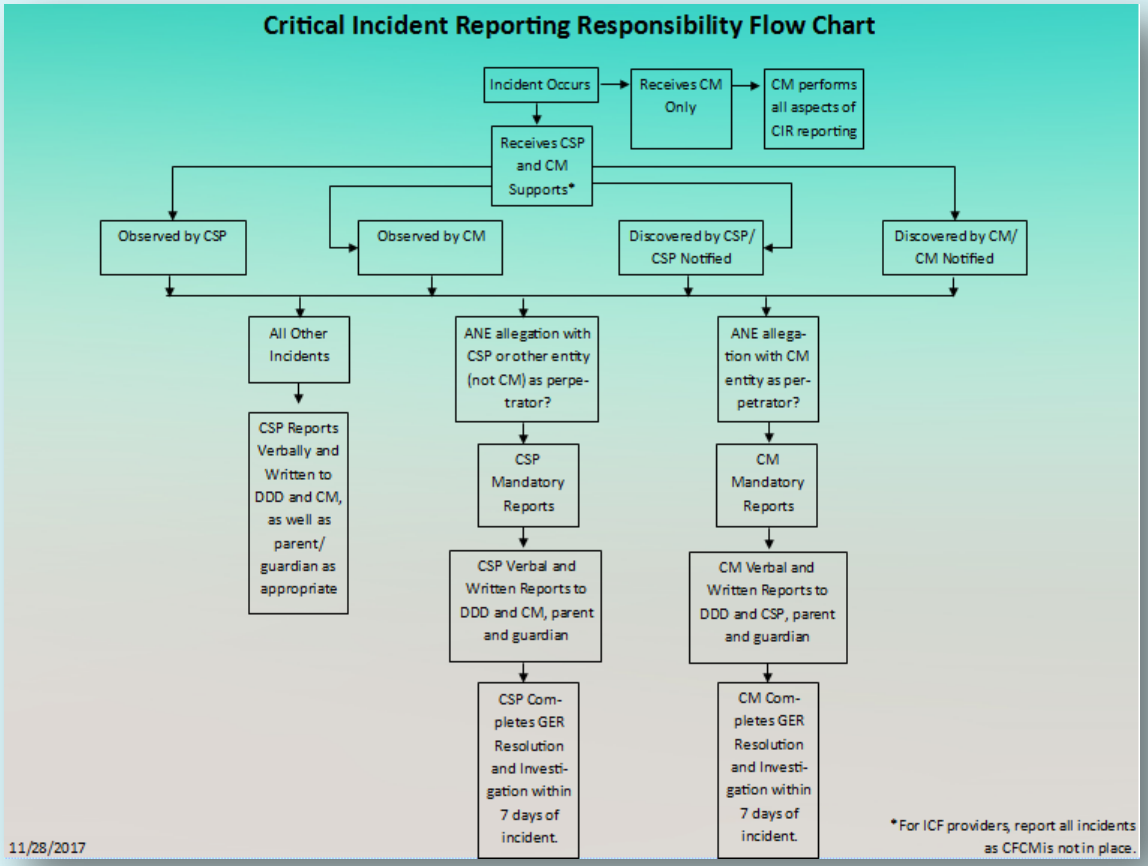
Reviewed By	Review Comments
Name: Jacqueline Jean **Title:** Incident Manager **Review Date:** 12/11/2017 12:22 PM	[Approved]

GENERAL CIR INFORMATION

- DDD will only review General Event Forms (GERs) marked as **HIGH** for CIR purposes. Please ensure the GER you are entering as a reportable CIR is marked as **HIGH**.
- Do not use the witness boxes within the GERs.
- A GER Resolution is required to submitted with **ALL** ANE allegations. This must be completed within 7 days of the verbal report to DD.

REPORTING RESPONSIBILITY

- In order to clarify which provider should complete the CIR process, the following flow chart has been developed.



SD INCIDENT MAPPING

SD Category	SD Sub Category	GER Event	Event Category	Event Sub-Category	Additional	SD Definition	GER Notification Level
Death	Death	**Death**	Choose Death Cause: Medical Cause,Unexpected, Unexplained, Unanticipated		Select body location	CSPs will need to report each death as a separate critical incident report. This is true even if a critical incident report regarding the circumstances that lead to the death as previously reported.	High
Life-threatening illnesses or injuries	Suicide Attempt	**Other**	Suicide	Attempt		Examples include, but are not limited to: Suicide attempts, head injury with the loss of consciousness, intensive care unit treatment, emergency surgical procedures where the likelihood of death is high, choking incidents that require medical follow-up, victim of altercation resulting in severe injury, and any life threatening medical diagnosis. Illnesses/Injuries from alleged neglect or unsafe/unsanitary conditions would also be entered as Neglect or Potential Incident/Near Miss.	High
	Hospice	**Other**	Change of Conditions				High
	Head injury with the loss of consciousness	**Injury**	Select injury type	Select injury cause	Injury Severity: Severe		High
	Emergency Surgical procedures where the likelihood of death is severe	**Other**	Hospital	Admission			High
	Choking	**Injury**	Choking	Choose injury type	Injury Severity: Severe		High
	Hospitalizations	**Other**	Hospital	Choose reason			High
	Life threatening medical diagnosis	**Other**	Change of Condition (Do NOT use Serious Illness)				High
Any reportable communicable disease involving a participant	Other	**Serious Illness**				A communicable disease, syndrome, or condition declared by the Department of Health to be dangerous to public health and reportable in accordance with Department of Health Administrative Rule 44:20	High
Alleged instances of abuse, neglect, or exploitation against or by any participant	Abuse	**Select "Abuse: Yes"**	Select Abuse type: Physical, Sexual, Emotional, Verbal, Psychological, or other			CSPs will report all abuse, neglect, and exploitation allegations to the division. Abuse includes verbal, physical, sexual, and psychological abuse.	High

SD INCIDENT MAPPING

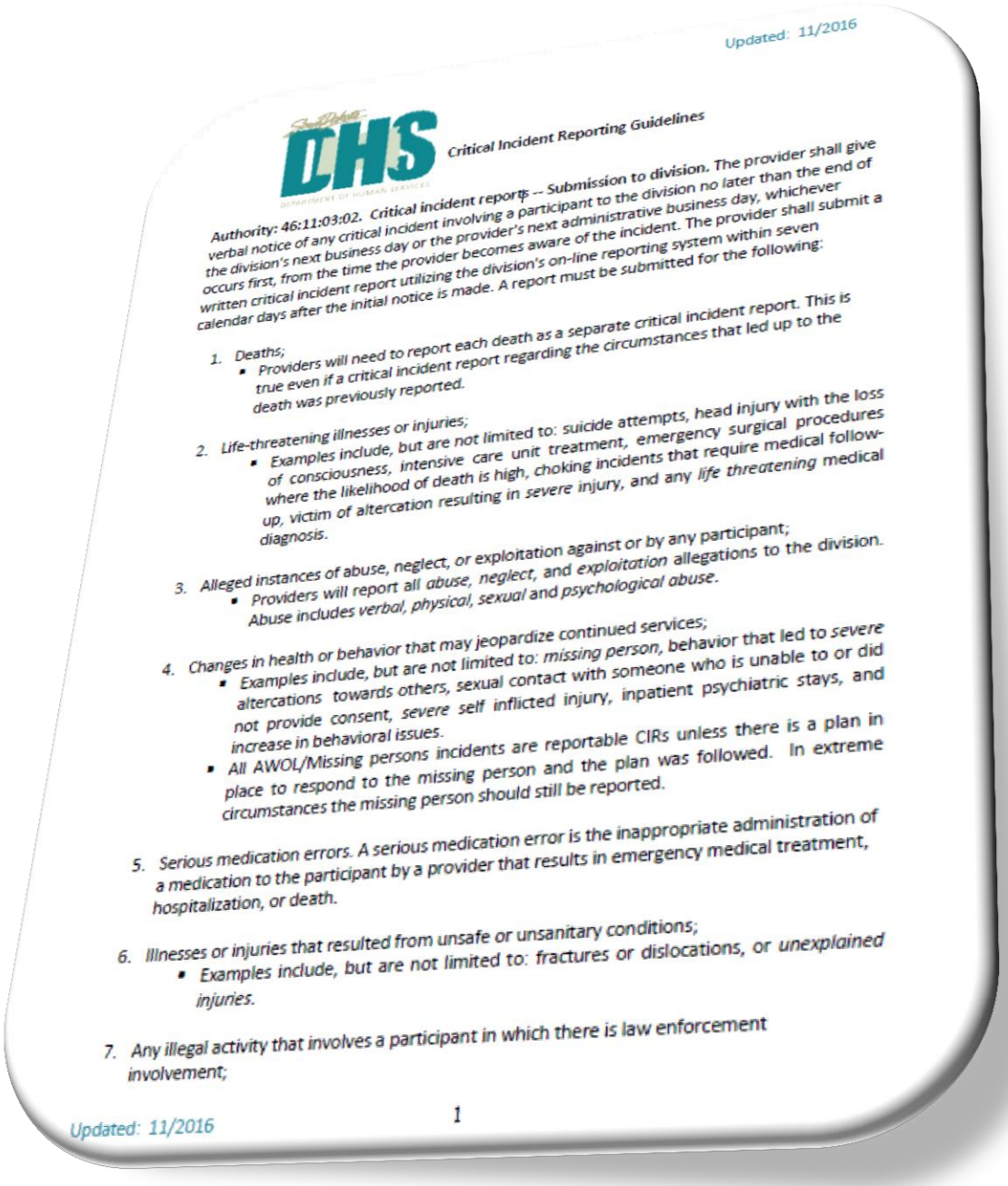
SD Category	SD Sub Category	GER Event	Event Category	Event Sub-Category	Additional	SD Definition	GER Notification Level
	Neglect	**Select "Neglect: Yes"**	Select Neglect type: Neglect by Responsible Provider, Questionable Clinical Practice, or Other				High
	Exploitation	**Select "Exploitation: Yes"**	Select Exploitation Type: Emotional, Financial, Sexual, Social, or Other				High
	Corporal punishment, Exclusion, Denial of Food, or any other prohibited technique per SDCL 27-B-8-42	**Abuse**	Civil Rights Violation				High
	Victim of Theft	**Other**	Theft/Larceny Attempt	Viction			High
Changes in health or behavior that may jeopardize continued services	Missing Person	**Other**	AWOL/Missing Person			Examples include, but are not limited to: Missing person, behavior that led to severe altercations towards others, sexual contact with someone who is unable to or did not provide consent, severe self inflicted injury, inpatient psychiatric stays, and increase in behavioral issues.	High
	Behavior that led to severe altercations	**Other**	Behavioral Issue				High
		Other	Altercation	Individual/Individual Individual/Staff			High
	Sexual contact with someone who is unable to provide consent	**Other**	Assault	Victim OR Aggressor			High
	Severe self inflicted injury	**Injury**	Select Injury Type	Injury Cause: Self Injurious Behavior			High
	Inpatient psychiatric stays	**Other**	Hospital	Admission			High

SD INCIDENT MAPPING

SD Category	SD Sub Category	GER Event	Event Category	Event Sub-Category	Additional	SD Definition	GER Notification Level
	Increase in behavioral issues	Other	Behavioral Issue				High
	Jeopardizing Personal Safety	Other	Behavioral Issue				High
Serious medication errors	Serious medication errors	Medication Error	Select Error Type	Severity: 10		A serious medication error is the inappropriate administration of a medication to the participant by a CSP that results in emergency medical treatment, hospitalization, or death.	High
Any illegal activity that involves a participant in which there is law enforcement involvement (participant is alleged perpetrator of these types of alleged activity)	Allegation, no Charges	Possible Criminal Activity				Examples include, but are not limited to: arrests, incarceration, criminal court appearances/charges, illegal drug use, probation/parole violation and shoplifting.	High
	Other	Alcohol/Drug Abuse					High
	Other	Complaint and/ or Possible Litigation					High
	Other	Law Enforcement Involvement					High
	Other	Theft/Larceny Attempt					High
Any use of physical, mechanical, or chemical intervention, not part of an approved plan, done improperly, etc. Need to identify if it is part of the plan or not. DO NOT USE WITNESS BOXES	Restraint Related to Behavior	Status: Emergency	Select Restraint Type(s)			Highly restrictive procedures include physical restraints, mechanical restraints, chemical restraints, use of time-out rooms (time-out rooms may only be used as part of an approved behavior support plan) and other techniques with similar degrees of restriction or intrusion, e.g. preventing egress from vehicles and/or rooms as described in ARSD. All highly restrictive procedures must receive due process through the agency's Human Rights Committee and Behavior Intervention Committee.	High
	Restraint Other	Select Restraint Type(s): Chemical, Mechanical, Physical, or Other					High

SD INCIDENT MAPPING

SD Category	SD Sub Category	GER Event	Event Category	Event Sub-Category	Additional	SD Definition	GER Notification Level
	Restraint Other	**Select Restraint Type**				All highly restrictive procedures utilized that are part of or not part of an approved behavior intervention plan that result in bruising or injury to the person. Highly restrictive procedures include: physical restraints, mechanical restraints, chemical restraints, use of time-out rooms (time-out rooms may only be used as part of an approved behavior support plan) and other techniques with similar degrees of restriction or intrusion, e.g. preventing egress from vehicles and/or rooms as described in ARSD. All highly restrictive procedures must receive due process through the agency's Human Rights Committee and Behavior Intervention Committee.	High
	Injury	**Injury Type: Bruise**	Injury Cause: Restraint				High
Altercation	Victim of Altercation	**Other**	Altercation	Individual/Individual			High
	Perpetrator of Altercation	**Other**	Threatening Behavior	Individual/Individual			High
	Victim of Altercation resulting in severe injury	**Other**	Altercation	Individual/Individual			High
		Injury	Select Injury Type	Assault	Severe		High



Updated: 11/2016

DHS

Critical Incident Reporting Guidelines

Authority: 46:11:03:02. Critical incident reports -- Submission to division. The provider shall give verbal notice of any critical incident involving a participant to the division no later than the end of the division's next business day or the provider's next administrative business day, whichever occurs first, from the time the provider becomes aware of the incident. The provider shall submit a written critical incident report utilizing the division's on-line reporting system within seven calendar days after the initial notice is made. A report must be submitted for the following:

1. Deaths;
   - Providers will need to report each death as a separate critical incident report. This is true even if a critical incident report regarding the circumstances that led up to the death was previously reported.

2. Life-threatening illnesses or injuries;
   - Examples include, but are not limited to: suicide attempts, head injury with the loss of consciousness, intensive care unit treatment, emergency surgical procedures where the likelihood of death is high, choking incidents that require medical follow-up, victim of altercation resulting in severe injury, and any life threatening medical diagnosis.

3. Alleged instances of abuse, neglect, or exploitation against or by any participant;
   - Providers will report all abuse, neglect, and exploitation allegations to the division. Abuse includes verbal, physical, sexual and psychological abuse.

4. Changes in health or behavior that may jeopardize continued services;
   - Examples include, but are not limited to: missing person, behavior that led to severe altercations towards others, sexual contact with someone who is unable to or did not provide consent, severe self inflicted injury, inpatient psychiatric stays, and increase in behavioral issues.
   - All AWOL/Missing persons incidents are reportable CIRs unless there is a plan in place to respond to the missing person and the plan was followed. In extreme circumstances the missing person should still be reported.

5. Serious medication errors. A serious medication error is the inappropriate administration of a medication to the participant by a provider that results in emergency medical treatment, hospitalization, or death.

6. Illnesses or injuries that resulted from unsafe or unsanitary conditions;
   - Examples include, but are not limited to: fractures or dislocations, or unexplained injuries.

7. Any illegal activity that involves a participant in which there is law enforcement involvement;

Updated: 11/2016

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CRITICAL INCIDENT REPORTING GUIDELINES

Utilize CIR Guidelines (last updated 12/2017) for enhanced reference.

DEATHS

Death of a participant receiving supports.

- Each incident is a separate CIR.
  - Example: Hospitalization for pneumonia on Monday with the person passing away on Wednesday.

- Only if the death occurred immediately during an incident shall the reports be one in the same.
  - Example: Car accident results in mortality in the same day.

- If a person discharges services then passes away, this is not a reportable event.
  - Example: A person discharges to hospice home on Thursday and passes away Friday.

- All unanticipated deaths are reported to the Medicaid Fraud Control Unit (MCFU).

- A Mortality review is conducted monthly by DDD RN and quarterly information is sent to an SDDC PA for review.

Scenarios

James is a person receiving supports. While walking to work, he was hit by a car and was admitted to the hospital. James experienced a head injury during the accident and passed away that same day.

During a visit with her parents, Mary had a prolonged seizure. She was taken to the hospital and was hospitalized for several days. On the sixth day, she had another seizure and passed away.

LIFE-THREATENING ILLNESSES OR INJURIES

Suicide Attempt

- Any ‘threat’ with a plan is considered for reporting purposes to be an ‘attempt’.
- In Therap, distinguish further between threat or attempt.

Unplanned Hospitalization

- New in 2017, all unplanned hospitalizations are reportable.
- Routine or planned hospitalizations are not reportable.
    - Examples of reportable:
        - Emergency appendectomy
        - Cardiac unplanned hospitalization
    - Examples of NOT reportable:
        - Planned surgery (knee, gall bladder, etc.)
        - Mother’s hospitalization after birth of child

Life Threatening Medical Diagnosis

Other incidents include but are not limited to choking incidents requiring medical follow-up, victim of altercation resulting in severe injury, head injury with loss of consciousness, etc.

Scenarios

John called his DSP and reported that he had a knife and wanted to end his life.

Patricia was upset over a relationship ending and called her CM to say that she just wanted to die. CM asked questions further, and Patricia had no plan for suicide.

While working Robert fell down a flight of stairs, fractured both ankles, and hit his head. He was hospitalized for monitoring.

Jennifer made an educated decision to have breast reduction surgery. She goes in for her surgery tomorrow.

Michael has been diagnosed with end-stage renal disease.

During a visit to her favorite restaurant, Elizabeth began choking on a piece of steak and was transported to the ER by her family.

LIFE-THREATENING ILLNESSES OR INJURIES

ABUSE, NEGLECT, AND EXPLOITATION

All allegations of possible Abuse, Neglect, and Exploitation (ANE) are reportable.

See SDCL 22-46-1 for defining information.

GER Resolutions are required for all ANE reports.

Allegations for participants who have a tendency to make frequent reports or attention-seeking reports are still reportable.

Mandatory Reporting of allegations of ANE is required per SDCL 22-46.

An allegation of Exploitation and Victim of Theft are different.

- Exploitation is an intentional action where a person with a disability is taken advantage of, typically financially.
- Victim of Theft occurs and is most often by a community member who was not likely targeting a person due to their vulnerability.

Scenarios

After spending the holiday with his aunt, William reported that his wallet was cleaned out and that his mp3 player was taken. He thinks his aunt took the items.

Linda was parked her car on the street. When she went outside in the morning, fuel had been stolen. Linda lives in a typical apartment setting with a shared parking garage.

David went to the day setting, and a bruise on the side of his arm was apparent. He claimed that the morning DSP pushed him out of bed.

Overnight staff went to Barbara's room; she was crying. Staff asked Barbara what was wrong. She said she was hungry and that no one assisted her out of bed for lunch or supper.

Richard has been not acting himself. Staff discussed what was going on, and he said that a neighbor had made him engage in sexual actions but Richard didn't want to and tried to say no.

ANE REPORTING

- ALL allegations of ANE must be reported whether the CSP has internally determined the incident to be substantiated or not.
- SDCL 22-46-7: Requires that reports of abuse, neglect, or exploitation be made verbally or in writing to the state's attorney's office OR the Child Protective Services with the Department of Social Services for children, Long Term Services and Supports with the Department of Human Services for adults OR to the law enforcement officer within 24 hours of the event.
  - Contact your local CPS office or local LTSS office.
    - Cassie Lindquist for LTSS at cassie.lindquist@state.sd.us (phone: 605-773-3656) for further questions

GER RESOLUTION

- Follow the Therap guide for instructions on how to enter a New GER Resolution here: https://support.therapservices.net/documentation/individual-supports/ger-resolution/create-new-ger-resolution/
- GER Resolutions must be completed for **ALL** ANE GERs to outline the investigation.
  - Substantiation information and notification of findings are to appear in the GER Resolution document.
  - *Must have GER Resolution Edit role assigned to create GER Resolutions.*

CHANGES IN HEALTH OR BEHAVIOR

Changes in Health

- Inpatient Psychiatric Stays

Changes in Behavior

- Jeopardizing Services
- Increase in Behavior
- Missing Person
  - Note, if there is an approved Missing Person Plan for a particular participant as a component of their ISP Plan, this may not be reportable.
  - Even if Missing Person Plan is in place, an incident of a person being gone for an extremely lengthy duration of time or with extenuating circumstances may still be reportable.
- Perpetrator of severe altercation or ANE.

Scenarios

Susan was found disoriented at her church. The police department transported her to the ER to have her assessed for psychiatric treatment. She was not admitted.

The team for Jessica have noticed a trend in having more and more aggressive behavioral incidents. Other housemates are worried about living with her if it worsens.

Thomas was with a DSP and three other participants. Thomas saw a drone flying low and took off to try to catch it. The DSP ran after Thomas, leaving the others together. None of the four participants have any alone time in the community.

One evening, Joseph was upset at his group home and completed some property damage. The police were called, he was assisted to the ER for psychiatric assessment, and was admitted for a short stay.

Margaret made an allegation against Charles for touching her underneath her skirt while she was in the van heading to work.

CHANGES IN HEALTH OR BEHAVIOR

SERIOUS MEDICATION ERRORS

A Medication error must result in emergency medical treatment, hospitalization, or death to be reportable.

Some medication errors can be considered neglect.

- Example: Administration of medications not done but beyond the level of missing a dose or medication time.

Medication errors can be considered exploitation.

- Example: Missing medication from a locked medication box.
- These medications would typically be stimulants or controlled substances.

These would not be medication error CIRs unless fitting criteria above.

Scenarios

Five participants left town on a staffed trip without bringing the medication boxes.

Christopher received the wrong participant's medication, and his blood pressure dropped. The on-call RN was called, and he was transported to his primary care physician's office.

Staff note in narcotic counts that three doses of a narcotic are missing during Sam's shift.

Karen learned the code for the locked medication boxes and ingested several other people's medications. She became pale, shaky, and then lost consciousness. The ambulance was called, and she was hospitalized for three days.

SERIOUS MEDICATION ERRORS

ILLNESSES OR INJURIES FROM UNSAFE OR UNSANITARY CONDITIONS

Illnesses or injuries from unsafe or unsanitary conditions Include but not limited to:

- Fractures
- Dislocations
- Other severe injuries

An unsafe situation or unsanitary condition would be within the scope of the person or the provider to control.

- Examples: A group home setting with sidewalk ice, tall snow, slippery floors, exposed wires, broken Hoyer lifts being used, etc.

NOT reportable incidents would be where the setting is out of the control of the provider.

- Example: wet floor, ice, broken steps, etc.

Neglect may be appropriate as well in some instances.

- Example: a participant's supports in inclement weather not being followed.

Scenarios

Anthony was walking with staff assistance in front of the Wal-Mart. The ice was too much and he fell breaking his wrist.

While Betty was working with staff in the kitchen, another person began mopping the floor, and Betty slipped resulting in stitches to her forehead. There was no floor sign.

All people living in a group home were affected to varying degrees of salmonella poisoning which was tied to improperly stored chicken which staff prepared.

ILLNESSES OR INJURIES FROM UNSAFE OR UNSANITARY CONDITIONS

ILLEGAL ACTIVITY

An incident of illegal activity or law enforcement includes involvement with the participant as the involved/alleged party.

What is NOT reportable is when a crime is committed against a participant. This may be reportable in other areas, however.

Specific examples may include but not limited to: arrests, incarceration, criminal/court appearances, probation/parole violation, being charged with illegal drug use, shoplifting, etc.

Routine traffic violations are NOT reportable.

- Example: speeding ticket

Law enforcement reminders or questioning are not reportable.

- Example: a participant receiving a verbal reminder to not drink in public

Scenarios

Sandra's DSP noticed an aroma of marijuana in her apartment. The DSP took time to educate Sandra on the legality of marijuana usage in South Dakota and reminded her of tenant responsibilities as well.

During a house party Paul was cited with providing alcohol to minors and has an upcoming court date.

At a summer concert, Andrew was stopped by law enforcement for public urination. He was reminded of indecent exposure concerns but was not cited.

ILLEGAL ACTIVITY

HIGHLY RESTRICTIVE TECHNIQUES

For Physical Restraint, Mechanical Restraint, Chemical Restraint, and Time Out, you can also see ARSD 46:11:05 for applicable rules.

Techniques completed per plan which has had full due process are NOT reportable.

If an injury from restraint occurs, it would be reportable even if performed properly.

Emergency Restraints are reportable.

- Example: techniques utilized when a person is endangering oneself or others not part of an approved plan
- Example: Safety intervention is not part of a plan.

All highly restrictive techniques must see due process through the CSP including emergency applications.

Chemical restraint (pre-med) <u>administered by medical professionals</u> at an appointment are not reportable.

Scenarios

George began hitting house mates with books off of the shelf. To protect George and others, staff applied a hands down technique though this was not in his plan.

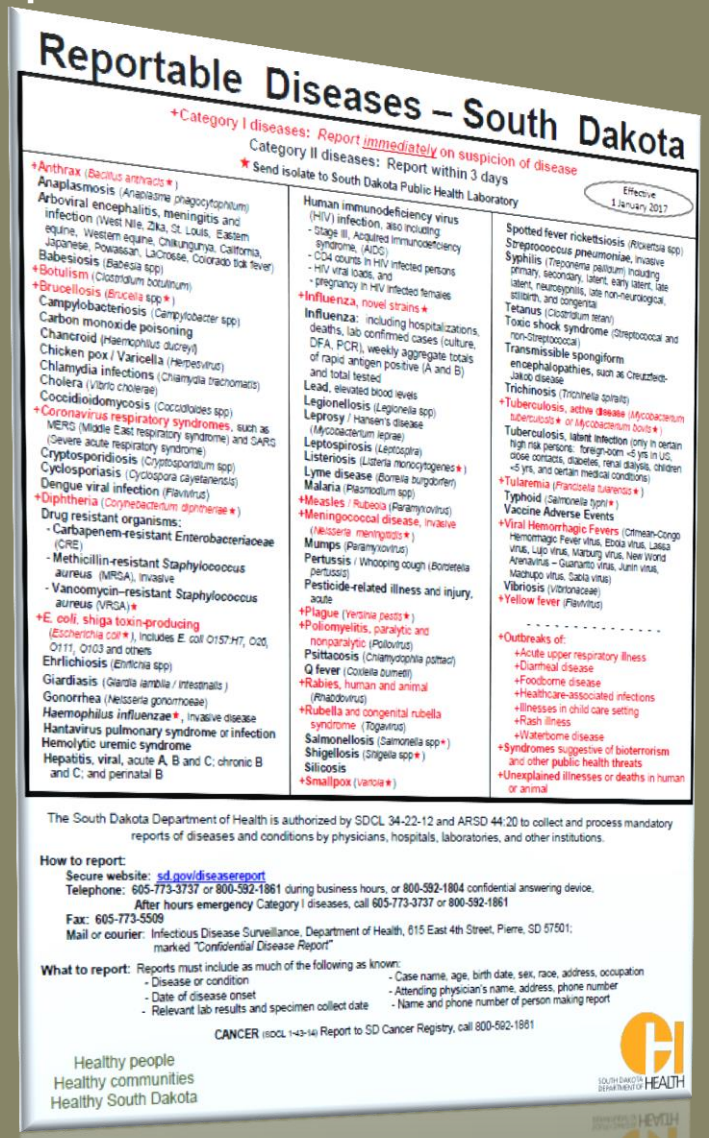
As she was at Hu Hot, Michelle ran into the grill area. It appeared that she was going to get burned. Her DSP grabbed her waist to pull her back for safety.

Joshua was banging his head, and staff tried all least restrictive measures. His mechanical device of his head gear had to be applied. This was completed per his plan.

While cleaning her room Emily became upset and aggressed after housemates. Staff followed Emily and performed a physical restraint, but in doing so, staff inadvertently caused an abrasion from the rhinestone jewelry staff was wearing on their wrist.

COMMUNICABLE DISEASES

Any diagnosed reportable communicable disease involving a participant.



Reportable Diseases – South Dakota

+Category I diseases: Report immediately on suspicion of disease
Category II diseases: Report within 3 days
★ Send isolate to South Dakota Public Health Laboratory

Effective 1 January 2017

+Anthrax (Bacillus anthracis★)
Anaplasmosis (Anaplasma phagocytophilum)
Arboviral encephalitis, meningitis and infection (West Nile, Zika, St. Louis, Eastern equine, Western equine, Chikungunya, California, Japanese, Powassan, LaCrosse, Colorado tick fever)
Babesiosis (Babesia spp)
+Botulism (Clostridium botulinum)
+Brucellosis (Brucella spp★)
Campylobacteriosis (Campylobacter spp)
Carbon monoxide poisoning
Chancroid (Haemophilus ducreyi)
Chicken pox / Varicella (Herpesvirus)
Chlamydia infections (Chlamydia trachomatis)
Cholera (Vibrio cholerae)
Coccidioidomycosis (Coccidioides spp)
+Coronavirus respiratory syndromes, such as MERS (Middle East respiratory syndrome) and SARS (Severe acute respiratory syndrome)
Cryptosporidiosis (Cryptosporidium spp)
Cyclosporiasis (Cyclospora cayetanensis)
Dengue viral infection (Flavivirus)
+Diphtheria (Corynebacterium diphtheriae★)
Drug resistant organisms:
- Carbapenem-resistant Enterobacteriaceae (CRE)
- Methicillin-resistant Staphylococcus aureus (MRSA), invasive
- Vancomycin–resistant Staphylococcus aureus (VRSA)★
+E. coli, shiga toxin-producing (Escherichia coli★), includes E. coli O157:H7, O26, O111, O103 and others
Ehrlichiosis (Ehrlichia spp)
Giardiasis (Giardia lamblia / intestinalis)
Gonorrhea (Neisseria gonorrhoeae)
Haemophilus influenzae★, invasive disease
Hantavirus pulmonary syndrome or infection
Hemolytic uremic syndrome
Hepatitis, viral, acute A, B and C; chronic B and C; and perinatal B
Human immunodeficiency virus (HIV) infection, also including
- Stage III, Acquired Immunodeficiency Syndrome, (AIDS)
- CD4 counts in HIV infected persons
- HIV viral loads, and
- pregnancy in HIV infected females
+Influenza, novel strains★
Influenza: including hospitalizations, deaths, lab confirmed cases (culture, DFA, PCR), weekly aggregate totals of rapid antigen positive (A and B) and total tested
Lead, elevated blood levels
Legionellosis (Legionella spp)
Leprosy / Hansen's disease (Mycobacterium leprae)
Leptospirosis (Leptospira)
Listeriosis (Listeria monocytogenes★)
Lyme disease (Borrelia burgdorferi)
Malaria (Plasmodium spp)
+Measles / Rubeola (Paramyxovirus)
+Meningococcal disease, invasive (Neisseria meningitidis★)
Mumps (Paramyxovirus)
Pertussis / Whooping cough (Bordetella pertussis)
Pesticide-related illness and injury, acute
+Plague (Yersinia pestis★)
+Poliomyelitis, paralytic and nonparalytic (Poliovirus)
Psittacosis (Chlamydophila psittaci)
Q fever (Coxiella burnetii)
+Rabies, human and animal (Rhabdovirus)
+Rubella and congenital rubella syndrome (Togavirus)
Salmonellosis (Salmonella spp★)
Shigellosis (Shigella spp★)
Silicosis
+Smallpox (Variola★)
Spotted fever rickettsiosis (Rickettsia spp)
Streptococcus pneumoniae, invasive
Syphilis (Treponema pallidum) including primary, secondary, latent, early latent, late latent, neurosyphilis, late non-neurological, stillbirth, and congenital
Tetanus (Clostridium tetani)
Toxic shock syndrome (Streptococcal and non-Streptococcal)
Transmissible spongiform encephalopathies, such as Creutzfeldt-Jakob disease
Trichinosis (Trichinella spiralis)
+Tuberculosis, active disease (Mycobacterium tuberculosis★ or Mycobacterium bovis★)
Tuberculosis, latent infection (only in certain high risk persons: foreign-born <5 yrs in US, close contacts, diabetes, renal dialysis, children <5 yrs, and certain medical conditions)
+Tularemia (Francisella tularensis★)
Typhoid (Salmonella typhi★)
Vaccine Adverse Events
+Viral Hemorrhagic Fevers (Crimean-Congo Hemorrhagic Fever virus, Ebola virus, Lassa virus, Lujo virus, Marburg virus, New World Arenavirus – Guanarito virus, Junin virus, Machupo virus, Sabia virus)
Vibriosis (Vibrionaceae)
+Yellow fever (Flavivirus)

+Outbreaks of:
+Acute upper respiratory illness
+Diarrheal disease
+Foodborne disease
+Healthcare-associated infections
+Illnesses in child care setting
+Rash illness
+Waterborne disease
+Syndromes suggestive of bioterrorism and other public health threats
+Unexplained illnesses or deaths in human or animal

The South Dakota Department of Health is authorized by SDCL 34-22-12 and ARSD 44:20 to collect and process mandatory reports of diseases and conditions by physicians, hospitals, laboratories, and other institutions.

How to report:
Secure website: sd.gov/diseasereport
Telephone: 605-773-3737 or 800-592-1861 during business hours, or 800-592-1804 confidential answering device.
After hours emergency Category I diseases, call 605-773-3737 or 800-592-1861
Fax: 605-773-5509
Mail or courier: Infectious Disease Surveillance, Department of Health, 615 East 4th Street, Pierre, SD 57501; marked *"Confidential Disease Report"*

What to report: Reports must include as much of the following as known:
- Disease or condition
- Date of disease onset
- Relevant lab results and specimen collect date
- Case name, age, birth date, sex, race, address, occupation
- Attending physician's name, address, phone number
- Name and phone number of person making report

CANCER (SDCL 1-43-14) Report to SD Cancer Registry, call 800-592-1861

Healthy people
Healthy communities
Healthy South Dakota

SOUTH DAKOTA DEPARTMENT OF HEALTH

Scenarios

Eric was experiencing some concerns with urination and was assisted to his physician's office where it was determined that he had Chlamydia.

There was an outbreak of Influenza A in a group home and seven people became ill. Shirley and Stephen were the two who had lab-confirmed cases.

NOTE:

- Communicable diseases such as MERSA is reportable ONLY if it is invasive such as in the blood, urine, or other normally sterile organs.
- The CDC sends out reports to nurses and is located on their website, www.cdd.gov, which is accessible to anyone

OTHER REPORTABLE INCIDENTS

Alleged instances of corporal punishment, seclusion, denial of food, or other practices prohibited in SDCL 27B-8-42.

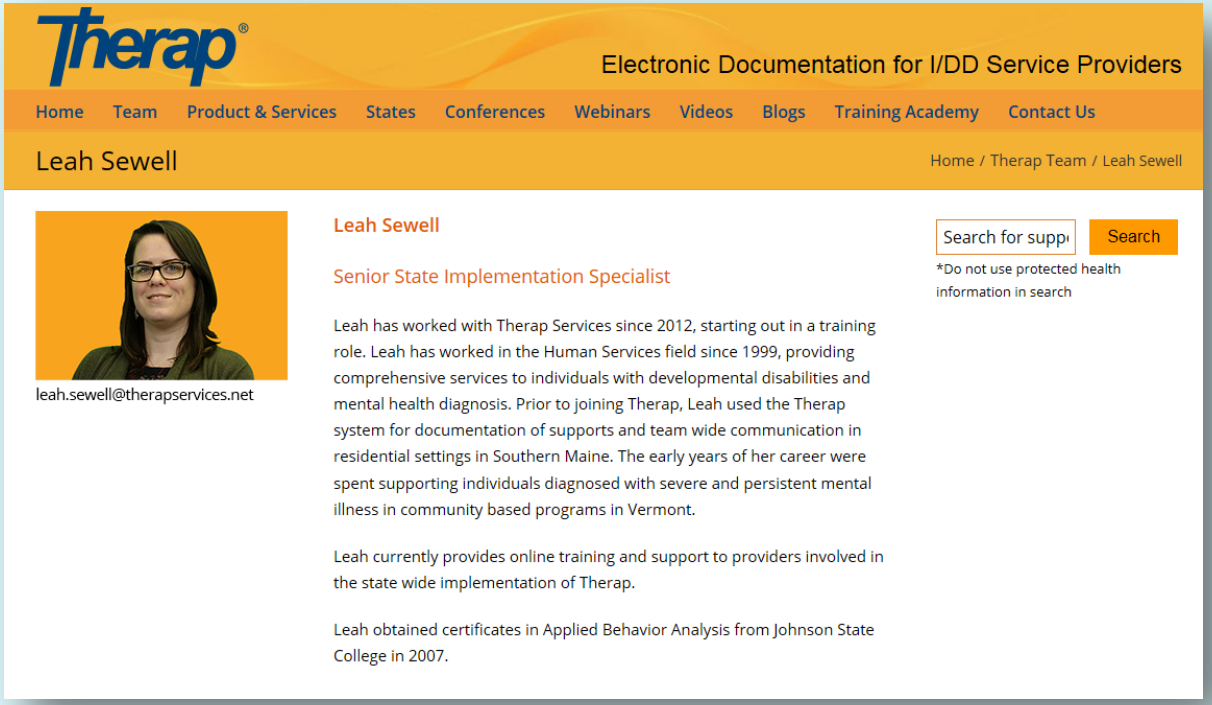
Any other critical incident as required by the division.

DELETING & RE-ENTERING GERS

- If there is not enough information provided within the GER, the Program Specialist may request a GER be deleted and re-entered
- If the wrong category is selected, the GER must be deleted and re-entered with the appropriate category given
- If the wrong dates are entered, the GER must be deleted and re-entered.

THERAP DEMONSTRATION

- GER Entering
- Q&A
- GER Resolutions



QUESTIONS

- All documentation discussed and presented will be updated after the event and available on the Therap and DHS websites in the near future.
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